

Idaho Medical Home Collaborative Pilot Measures

Measure Type	Measure Name (Bolded) & Description	Numerator Statement	Denominator Statement	Measure Source
Reporting of Measures	<p>Practices will report a total of six to seven measures as follows:</p> <p>One <i>pair</i> of Clinical Quality Measures of choice. If asthma is chosen, all (3) asthma measures must be reported.</p> <p>Two (2) Preventive Clinical Measures (chosen from list below); and</p> <p>Two (2) Practice Transformation Measures (both have been identified below).</p> <p>TIMELINE: The first reporting will occur at the end of second quarter from initiation of Health Home participation. Data will be reported quarterly after that.</p>			
Clinical Quality Process	<p>Diabetes: Hemoglobin A1c Testing</p> <p>Percentage of adult patients with diabetes aged 18-75 years receiving one or more A1c test(s) per year.</p>	One or more HbA1c tests performed during the measurement year.	Patients 18-75 years of age as of December 31 of the measurement year who had a diagnosis of diabetes (type 1 or 2). Exclusions apply. Pharmacy and Diagnosis codes are provided.	NCQA NQF # 57
Clinical Quality Process	<p>Diabetes: HbA1c Poor control</p> <p>The percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had HbA1c > 9.0.</p>	Laboratory test result: HbA1c test, Most Recent value > 9.0.	Patients 18-75 years of age who had a diagnosis of diabetes (type 1 or 2) within the past two years. Exclusions apply. Pharmacy and Diagnosis codes are provided.	NCQA NQF # 59
Clinical Quality Process	<p>Controlling High Blood Pressure</p> <p>The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year.</p>	Physical exam finding diastolic blood pressure < 90 mmHg, and systolic blood pressure < 140 mmHg, during most recent outpatient encounter.	Patients 18 -85 years of age that had a diagnosis of active hypertension within 6 months of the measurement date. The measurement duration is 12 months.	NCQA NQF # 18

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Clinical Quality Process	Hypertension: Blood Pressure Measurement Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.	Physical Exam finding systolic and diastolic blood pressure.	Patients with active hypertension who are 18 or older.	AMA – PCPI NQF # 13
Clinical Quality Process	Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment The percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.	1. Antidepressant Medication dispensed ≥ 84 days after the FIRST diagnosis of active major depression. 2. Antidepressant Medication dispensed ≥ 180 days after the FIRST diagnosis of active major depression.	Patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.	NCQA NQF # 105
Clinical Quality Process	Screening for Clinical Depression Percentage of patients aged 12 and older screened for clinical depression using a standardized tool and follow-up plan documented.	Patient's screening for clinical depression is documented and follow-up plan is documented.	Patients 12 years of age and older.	CMS NQF # 418
Clinical Quality Process	Asthma Assessment Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, who were evaluated during at least one office visit within 12 months for the	Symptom assessed or active: asthma daytime symptoms quantified. Symptom assessed or active: asthma nighttime symptoms quantified.	Patients aged 5 to 40 years with diagnosis of active asthma, and two or more office encounters to determine the physician has a relationship with the	AMA – PCPI NQF # 1

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	frequency (numeric) of daytime and nocturnal asthma symptoms.		patient. <i>Reported separately for children and adults</i>	
Clinical Quality Process	Asthma Pharmacologic Therapy Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment. Report two age stratifications (5-11, 12-40), and total.	Medication order or medication active: Corticosteroid, inhaled or alternative asthma medication	Patient aged 5 through 40 years with a diagnosis of active asthma or asthma persistent, and at least two office encounters. <i>Reported separately for children and adults</i>	AMA- PCPI NQF # 47
Clinical Quality Process	Management Plan for People with Asthma Percentage of patients for whom there is documentation that a written asthma management plan was provided either to the patient or the patient's caregiver OR, at a minimum, specific written instruction on under what conditions the patient's doctor should be contacted or the patient should go to the emergency room.	Patients for whom there is documentation, at any time during the abstraction period, that a written asthma management plan was provided either to the patient or the patient's caregiver OR at a minimum, a specific written instruction on under what conditions the patient's doctor should be contacted or the patient should go to the emergency room.	Patients who had at least two separate Ambulatory visits to your practice site for asthma during the time period January through December. Asthma visits are defined by claims-fields and specified ICD-9 codes. <i>Reported separately for children and adults</i>	IPRO NQF # 25
Preventive care and screening Process	Weight Assessment and Counseling for Children and Adolescents Percentage of patients 2-17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity	Physical exam finding BMI percentile; Communication to patient counseling for nutrition; Communication to patient counseling for physical activity.	Patients aged 2 through 16 years to expect screening for patients within one year after reaching 2 until 17, and with at least one encounter with PCP or Obgyn.	NCQA NQF # 24

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	during the measurement year.			
Preventive care and screening Process	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life Percentage of members 3-6 years of age who received one or more well-child visits with a PCP during the measurement year.	Received one or more well-child visits with a PCP during the measurement year.	Members age 3-6 years	NCQA NQF # 1516
Preventive care and screening Process	Annual Risky Behavior Assessment or Counseling from age 12 to 18 Percentage of children aged 12 to 18 with documentation of assessment or counseling for risky behavior. Four rates are reported: Risk Assessment or Counseling for Alcohol Use, Risk Assessment or Counseling for Tobacco Use, Risk Assessment or Counseling for Other Substance Abuse, Risk Assessment or Counseling for Sexual Activity.	Documentation of assessment or counseling for risky behavior during the past 12 months. Four rates are reported: Risk Assessment or Counseling for Alcohol Use, Risk Assessment or Counseling for Tobacco Use, Risk Assessment or Counseling for Other Substance Abuse, Risk Assessment or Counseling for Sexual	Adolescents between the ages of 12 and 18.	NCQA, <i>Adapted</i> NQF # 1507 NQF # 1406
Preventive Care and Screening Process	a. Tobacco Use Assessment Percentage of patients aged 18 years or older who have been seen for at least 2 office visits, who were queried about tobacco use one or more times within 24 months. b. Tobacco Cessation Intervention Percentage of patients 18 and older who have been identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who	a. Patient characteristic: tobacco user or non-user before or simultaneously to the encounter during past 24 months. b. Procedure performed: tobacco use cessation counseling during past 24 months, or smoking cessation medication active or ordered.	a. Patients aged 18 and older, and 2 or more office encounter visits to determine that the PCP has a relationship with the patient. b. Patients 18 and older, and 2 or more office encounter visits, and who have been identified as tobacco users within the past 24 months.	NCQA NQF # 28a & 28b

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	received cessation intervention.			
Preventive care and screening Process	Adult Weight Screening and Follow-Up Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.	Physical exam finding: BMI $\geq 22 \text{ kg/m}^2$ and $< 30 \text{ kg/m}^2$, occurring ≤ 6 months before or simultaneously to the outpatient encounter, OR BMI $> 30 \text{ kg/m}^2$, occurring ≤ 6 months before or simultaneously to the outpatient encounter AND, Care Goal: follow-up plan BMI management, or Communication provider to provider: dietary consultation order. OR BMI $< 22 \text{ kg/m}^2$, occurring ≤ 6 months before or simultaneously to the outpatient encounter AND, Care Goal: follow-up plan BMI management, or Communication provider to provider: dietary consultation order.	Patients age 18 and older who had one or more encounter office visits.	QIP NQF # 421
Practice Transformation	Third next available appointment	The length of time from when a patient	All patient-contacts to the practice to request	NCQA Standard 1,

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for PCMH <i>Enhance Access and Continuity</i>	Measuring how long it takes to get patients into the schedule based on the third next available appointment.	contacts the practice to request an appointment, to the third next available appointment on his/her clinician's schedule. The practice may measure availability for a variety of appointment types including urgent care, new patient physicals, routine exams and return-visit exams.	an appointment.	Element A, Factor 1
Practice Transformation for PCMH <i>Enhance Access and Continuity</i>	Patient visits that occur with the selected provider/care team. Percentage of patient visits with patient's selected provider/care team.	Visits with patient's selected provider/care team. The practice may include structured electronic visits (e-visits) or phone visits within these statistics if relevant.	All Patients visits. The practice may include structured electronic visits (e-visits) or phone visits within these statistics if relevant.	NCQA Standard 1, Element D, Factor 3